

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031586

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 162

Primary Registration District No. 5594

Registrar's No. 112

FILED SEP 4 1962

1. PLACE OF DEATH

a. COUNTY

JEFFERSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

RURAL: METAMES

Length of stay in lb

2 yrs. 1 mo. 1 day

c. FULL NAME OF (If NOT in hospital, give location)

ST. JOSEPH'S HILL INFIRMARY

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY

OR

TOWN

ST. LOUIS

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

3733 LINDELL

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

PATRICK

Middle

JOHN

Last

O'ROURKE

4. DATE

OF

DEATH

Month

August

Day

35

Year

1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4-15-1874

9. AGE (last birthday)

88

10. IF UNDER 1 YEAR

Months

11. IF UNDER 24 HR

Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED

10b. KIND OF BUSINESS OR INDUSTRY

TRANSFER & FORWARDING

11. BIRTHPLACE (City and state or country)

ST. LOUIS, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JOHN O'ROURKE

13b. MOTHER'S MAIDEN NAME

MARY WALSH

14. NAME OF HUSBAND OR WIFE

ANNA DONOHUE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

BROTHER LEONARD, ST. JOSEPH'S HILL INFIRMARY

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebrovascular accident

INTERVAL BETWEEN

ONSET AND DEATH

2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized arteriosclerosis

DUE TO (c)

with cerebral & cardiovascular involvement

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

July 1960

to

Aug '62

and last saw him alive on

8/22/1962

Death occurred at

2:15 p.m.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Patrick B. Hogan MD

22b. ADDRESS

3654 South Grand St. 18

22c. DATE SIGNED

8/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Aug. 29. 1962

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (city, town, or county)

St. Louis, Missouri

(State)

24. FUNERAL DIRECTOR

Arthur J. Donnelly

ADDRESS

3840 Lindell

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Robert E. Bana

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

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SEP 7 1962

OCT 4 1962

Mr. Patrick C. Hogan
3652 061, Grand J 12-2
Pa. 1-3528

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4699

P. O. Address 3846 Linden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.